

"BACKS AND MOUTHS"

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"BACKS."

THE prevention and treatment of bed-sores have been and are frequently discussed in medical books and nursing journals. But as it is a subject that often taxes the nurse's ingenuity to the extreme, it cannot be dwelt upon too frequently.

Many preventive measures are familiar to us, as the soap-and-water bath for cleanliness followed by rubbing with alcohol and dusting with boric-acid powder or boracic-acid powder and bismuth subnitrate in equal parts for dryness; the relief of pressure by the use of air-cushions, cotton-pads, pillows, water-bed, and frequent change of position where that is possible.

In addition to these, there are a few measures, not generally used, that after a thorough test have proved very satisfactory. One is a simple, inexpensive contrivance used to relieve pressure of heel, elbow, and ear. It is a pig's bladder, filled two-thirds full of either warm or cold water, as the case requires, tied securely, and placed under a cotton ring. The weight of the heel or elbow rests on the ring, and the tender point rests on the soft, fluctuating mass.

If the skin is inactive, as in paralysis, or there is frequent or constant moisture from perspiration or involuntary evacuations of urine or feces, the alcohol and boric acid, etc., are of very little value. They do not prevent the absorption of the moisture by the skin, and its subsequent softness or excoriation, which is commonly followed by infection.

In such cases the back should be washed with soap and water every six or eight hours, or after every involuntary evacuation, and thoroughly rubbed with a small amount of some oily substance, as castor-oil, camphorated oil, or a mixture like the following:

Mutton tallow, $\frac{3}{4}$ i;
Olive oil, $\frac{3}{4}$ i;
Carbolic acid, 95 per cent., $\frac{1}{2}$ i.

Render out mutton tallow on the back of the stove; do not brown it. Strain through piece of muslin; add the olive oil and carbolic acid; set dish into cold water, and beat its contents until set. This will make an ointment the consistency of vaseline, and it will keep indefinitely.

If the skin needs a great deal of stimulation, camphorated oil, or better still castor-oil, may be substituted for the olive oil in the above recipe.

When the skin becomes excoriated, the part should be cleansed, as mentioned before, not with soap and water, but with boric-acid solution, normal-salt solution, or sterile water; then gently painted with oxide of zinc ointment made into liquid form by the addition of olive oil, castor-oil, and balsam of Peru in equal parts, or castor-oil alone, and covered with a clean cloth fastened on with a binder. Gentle massage may be used around the excoriated surface with excellent results.

The treatment of bed-sores is usually directed by the physician. But if it is left to the nurse, she will find the following method helpful.

If there is necrotic tissue or suppuration present, she may irrigate the cavity once daily with peroxide of hydrogen,—one glass syringeful,—followed by normal-salt solution, boric-acid solution, or sterile water. Then apply a hot boric-acid dressing—one inch thick—every four hours until the wound is clean. If the stimulation of the tissues is needed, fill the cavity with a sterile dressing saturated with balsam of Peru and castor-oil in equal parts, bovinine, castor-oil, or camphorated oil alone. When the depression is filled with granulation tissue, it can be treated as an excoriation.

"MOUTHS."

The subject of the care of mouths in fever nursing is equally as important as that of prevention of bed-sores.

An unclean mouth is not only very unpleasant and often painful to the patient, but is a source of infection. The accumulation of food and mucus is a fertile field for the lodgement of bacteria. If this infected material is allowed to remain, it can easily spread to the middle ear and the mastoid cells and cause abscesses, or be carried by the food to the already overburdened alimentary tract, to add to its infection, or be carried off as waste matter.

When the accumulation of sores is profuse and persistent, the patient's mouth ought to be cleansed after every feeding. This may be done by wrapping a two-inch square piece of linen or gauze, saturated with a mouth wash, around the little finger, and wiping every portion of the cavity—not far enough on back of the tongue to provoke nausea. If it is necessary to clean the throat, a small swab may be employed. For thorough cleaning of the mouth several sponges are necessary. These may be received in a piece of paper and at once burned.

While cleaning the mouth of a delirious patient, the nurse, for her own protection, must place some hard substance between his teeth. A rubber cork is the best, but if that is not available, a fork-handle may be used. Its prongs must be carefully wrapped to avoid an accident. If the cork is used, the nurse must hold it in place to prevent its falling down the patient's throat.

There are numerous preparations used for cleansing the mouth, as:

- I. Listerine, $\frac{3}{2}$ i;
Aqua, $\frac{3}{2}$ ii.
- II. Dobell's solution,
Aqua, $\frac{3}{2}$ ii.
- III. Boric acid saturated solution, $\frac{3}{2}$ i;
Alcohol, $\frac{3}{2}$ ss;
Glycerine, $\frac{3}{2}$ i;
Tincture of myrrh, $\frac{m}{2}$ i.
- IV. Glycerine,
Aqua, $\frac{3}{2}$ ss.

The three following formulæ have been found excellent for special cases:

I. For mucus-coated mouth:

Soda bicarbonate, grs. x ;
Glycerine, $\frac{3}{2}$ ii ;
Aqua ad q.s., $\frac{3}{2}$ ii.

If the coating be of long standing, thick and dry, this solution may be applied with an applicator every five or ten minutes for one hour, and then the cleansing may be done with sponges. In these cases it is necessary to use a toothpick to gently loosen the sordes between the teeth.

II. For dry or fissured lips and tongue, and for anointing the baby's nose:

Lanoline,
Vaseline, $\frac{3}{2}$ i ;
Oil gaultheria, $\frac{m}{2}xxx$.

Apply small quantity several times daily.

III. In rare cases there is a persistent bleeding from the gums. The application—several times daily—of the following solution is effectual:

Tincture of myrrh, $\frac{m}{2}xxx$;
Aqua, $\frac{3}{2}$ i.

BEGIN with small things, madam. You cannot enter the presence of another human being without finding there more to do than you or I or any soul will ever learn to do perfectly before we die. Let us be content to do little, if God sets us at little tasks.—CHARLES KINGSLEY.